

MS4 Annual Report Cover PageMCC form for period ending March 9,

2	0	1	3
---	---	---	---

This cover page must be completed by the report preparer.
 Joint reports require only one cover page.

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Choose one:

☒ **This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4

I	n	c		V	i	l	l	a	g	e		o	f		S	e	a		C	l	i	f	f						
---	---	---	--	---	---	---	---	---	---	---	--	---	---	--	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

OR

☐ **This report is being submitted on behalf of a Single Entity**

(Per Part II.E of GP-0-10-002)

Name of Single Entity

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OR

☐ **This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

MS4 Annual Report Cover PageMCC form for period ending March 9,

2	0	1	3
---	---	---	---

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

SPDES ID

N	Y	R	2	0	A			
---	---	---	---	---	---	--	--	--

MCC form for period ending March 9,	2	0	1	3
-------------------------------------	---	---	---	---

Name of MS4

Inc Village of Sea Cliff

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

Name of MS4 Inc Village of Sea Cliff

SPDES ID

N Y R 2 0 A 0 7 5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name										MI		Last Name																
B	r	u	c	e								K	e	n	n	e	d	y										
Title																												
M	a	y	o	r																								
Address																												
3	0	0		S	e	a		C	l	i	f	f		A	v	e	n	u	e									
City														State		Zip												
S	e	a		C	l	i	f	f						N	Y	1	1	5	7	9	-							
eMail																												
m	a	y	o	r	@	s	e	a	c	l	i	f	f	-	n	y	.	g	o	v								
Phone														County														
(5	1	6)	6	7	1	-	0	0	8	0		N	a	s	s	a	u									

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

Name of MS4 Incorporated Village of Sea Cliff

SPDES ID

N Y R 2 0 A 0 7 5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name

J o h n

MI

A

Last Name

M i r a n d o

Title

V i l l a g e A d m i n i s t r a t o r

Address

P . O . B o x 3 4 0

City

S e a C l i f f

State

N Y

Zip

1 1 5 7 9 -

eMail

j m i r a n d o @ s e a c l i f f - n y . g o v

Phone

(5 1 6) 6 7 1 - 0 0 8 0

County

N a s s a u

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2013

Name of MS4 Inc Village of Sea Cliff

SPDES ID

N Y R 2 0 A 0 7 5

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

H e m p s t e a d H a r b o r P r o t e c t i o n

Partner/Coalition Name (con't.)

C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 5 0 M i l l e r P l a c e

City

S y o s s e t

State

N Y

Zip

1 1 7 9 1 -

eMail

h e m p s t e a d h a r b o r @ y a h o o . c o m

Phone

(5 1 6) 6 7 7 - 5 7 9 0

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☐ Yes ☒ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 M u l t i p l e t a s k s

● MM2 M u l t i p l e T a s k s

● MM3 W a t e r M o n i t o r i n g o t h e r t a s k s

● MM4 M o n i t o r f o r r u n o f f , E d u c a t i o n

● MM5 M o n i t o r f o r r u n o f f , E d u c a t i o n

● MM6 E d u c a t i o n

Additional tasks/responsibilities

- Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

Education on pathogens, pet waste, goose feeding and septic system maintenance

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	1	3
---	---	---	---

Name of MS4

Inc Village of Sea Cliff																			
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

J	o	h	n																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

A

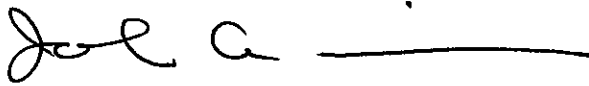
Last Name

M	i	r	a	n	d	o													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

V	i	l	l	a	g	e		A	d	m	i	n	i	s	t	r	a	t	o	r																		
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature



Date

0	5	/	2	4	/	2	0	1	3
---	---	---	---	---	---	---	---	---	---

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Inc Village of Sea Cliff
-----------------------	--------------------------

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Water Quality Trends

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ☐ Yes

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
☒ Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- | | |
|---|--|
| <input checked="" type="radio"/> Construction Sites
<input checked="" type="radio"/> General Stormwater Management Information
<input checked="" type="radio"/> Household Hazardous Waste Disposal
<input type="radio"/> Illicit Discharge Detection and Elimination
<input checked="" type="radio"/> Infrastructure Maintenance
<input type="radio"/> Smart Growth
<input type="radio"/> Storm Drain Marking
<input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development
<input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Pesticide and Fertilizer Application
<input checked="" type="radio"/> Pet Waste Management
<input checked="" type="radio"/> Recycling
<input type="radio"/> Riparian Corridor Protection/Restoration
<input checked="" type="radio"/> Trash Management
<input checked="" type="radio"/> Vehicle Washing
<input type="radio"/> Water Conservation
<input checked="" type="radio"/> Wetland Protection
<input type="radio"/> None |
|---|--|

s	e	p	t	i	c		m	a	i	n	t	e	n	a	n	c	e	,		b	o	a	t		p	u	m	p	o	u	t	s
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| <input checked="" type="radio"/> Public Employees
<input checked="" type="radio"/> Residential
<input checked="" type="radio"/> Businesses
<input type="radio"/> Restaurants
<input checked="" type="radio"/> Other: | <input checked="" type="radio"/> Contractors
<input checked="" type="radio"/> Developers
<input checked="" type="radio"/> General Public
<input type="radio"/> Industries
<input type="radio"/> Agricultural |
|--|--|

s	t	u	d	e	n	t	s	,		b	o	a	t	e	r	s	,		s	h	e	l	l		f	i	s	h	e	r	s
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

3. Web Page cont'.: Provide specific web addresses - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Village of Sea Cliff has continued to educate residents and business owners about non-point source pollution and we have worked with the Hempstead Harbor Protection Committee and the Nassau County Storm Water Coalition in this communications effort.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Village hall receives calls from property owners reporting their concerns and sends code officers to enforce pesticide regulations, leaking vehicles, not picking up dog waste and illegal car washing. Soil erosion from sites under construction has been eliminated. Any construction taking place must address storm water retention on the property and new dry wells are being added to retain storm water on the property after the completion of construction

C. How many times was this observation measured or evaluated in this reporting period?

			8
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to promote and publicize storm water retention and reduction of non point source pollution

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Inc Village of Sea Cliff
-----------------------	--------------------------

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- | | | | | | | |
|-----------------------------|--|--|--|---|---|-------|
| ● Cleanup Events | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 |
| ● Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| ● Community Hotlines | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| ● Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1 5 0 |
| ○ Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ○ Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ● Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 0 |
| ● Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 4 |
| ○ Other: | <input type="text"/> | | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes ☐ No

- | | | | | | |
|---|------------|--|--|--|--|
| <input type="radio"/> List-Serve | # In List | | | | |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | |
| <input type="radio"/> Other: | | | | | |

- **Web Page URL:** Enter URL(s) on the following two pages.

2	0	1	3
---	---	---	---

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

[illegible]

Name of MS4/Coalition	Inc Village of Sea Cliff
-----------------------	--------------------------

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Please provide specific address(es) where notices can be accessed - not home page.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

3. Where can the public access copies of this annual report, Stormwater Management Program (SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office

● Annual Report ● SWMP Plan ● Comments

Department

[illegible]

Address

[illegible]

City

S	e	a		C	l	i	f	f							N	Y	1	1	5	7	9	-			
---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	---	---	---	---	---	---	---	---	--	--	--

Phone

$$\begin{pmatrix} 5 & 1 & 6 \end{pmatrix} \begin{bmatrix} 6 & 7 & 1 \end{bmatrix} - \begin{bmatrix} 0 & 0 & 8 & 0 \end{bmatrix}$$

○ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

[illegible]

Phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array}$$

○ Web Page URL:

☐ Annual Report ☐ SWMP Plan ☐ Comments

[illegible][illegible][illegible]

Please provide specific address of page where report can be accessed - not home page.

☐ eMail

○ Comments

[illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff																			
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5
---	---

 /

2	4
---	---

 /

2	0	1	3
---	---	---	---

4.b. For how many days was/will this report be posted?

	6	0
--	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

With substantial assistance from the Hempstead Harbor Protection Committee, Nassau County Storm Water Coalition and the efforts of the Village volunteer committees, there have been 9 years of programs and events involving people in pollution issues, their causes and how to reduce the causes.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

We continue to see more and more people involved in the outreach programs of the Hempstead Harbor Protection Committee, Nassau County Storm Water Coalition, the Long Island Sound Study Citizens Advisory Committee, the Coalition to Save Hempstead Harbor and the Villages Waterfront/Environmental Committee. The best measurement is probably the opening of a significant portion of Hempstead Harbor for shell fishing on June 1, 2011.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue these outreach and involvement efforts

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. Enter the number and approx. percent of outfalls mapped:

			1	0	#
--	--	--	---	---	---

1	0	0	%
---	---	---	---

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? □

	1	0
--	---	---

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|---|--|
| <input type="radio"/> Auto Recyclers | <input type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input checked="" type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input checked="" type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input type="radio"/> Schools and Universities |
| <input checked="" type="radio"/> Garbage Truck Washouts | <input checked="" type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input type="radio"/> Vehicle Fueling |
| <input type="radio"/> Industrial Process Water | <input checked="" type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☒ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☒ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		6
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		6
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		3
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

	9	0	%
--	---	---	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Please provide specific address of page where map(s) can be accessed - not home page

[illegible][illegible][illegible][illegible][illegible]

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

L

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Illicit discharges rarely go undetected in a small village with only 1922 parcels, 94 % of which are residential. The village employs four (4) p/t Code Officers for a total of 115.5 hours per week. These Code Officers are around the one-square mile village patrolling constantly. Whatever illicit discharge they might miss, residents are quick to report. In addition, six of the nine Public Works employees have had previous training in discharges and spills.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The vast majority of illicit discharges in the village are from failing cesspools and swimming pool discharges. Cesspool problems are detected and corrected quickly for the obvious reason. Swimming pool discharges have dropped in recent years as property owners and pool service companies have been educated about the violation.

C. How many times was this observation measured or evaluated in this reporting period?

			6
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

In 2000, the Village constructed a sanitary sewer line that enabled 24 properties along the shoreline to connect to the waste treatment facility in Glen Cove. The Village has secured funding to construct a sewer line to service another 120 properties. (We still need funds to construct the connecting line to the waste treatment plant). Construction is expected to begin as soon as funding is available in the form of grants. The Village has also applied for over 8 million dollars in Federal stimulus funds for wastewater collection.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		0
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
--	--	---

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☐ Yes ☒ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☒ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Village has virtually eliminated erosion and run-off from construction sites via communication and enforcement of requirement for silt fences and/or hay bales.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Inspections during rain events.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to emphasize erosion and run-off control during construction.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Inc Village of Sea Cliff
-----------------------	--------------------------

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	1 0	1 0	0
● Filter Systems	2	2	1
○ Infiltration Basins			
○ Open Channels			
● Ponds	1	1	0
● Wetlands	1	1	0
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☒ No

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☒ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☒ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☒ Watershed Plans ☐ Other Comprehensive Plan

○ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Village is one square mile and no lots exist that are one acre or more. Under Village Code we review all applications for run off. The Village did not have any development over one acre. Remodeling or construction projects that took place were controlled for storm water retention in the plans and enforced via regular inspections regardless of being less then one acre.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All new construction that impacted storm water run-off has been supervised so that storm water doesn't empty directly into the streets.

C. How many times was this observation measured or evaluated in this reporting period?

	1	5	0
--	---	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue control of construction through the Permit and inspection process.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment</u>	
			<u>Operation/Activity/Facility</u>	
			<u>performed within the past 3</u>	
			<u>years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff																			
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

		1	2	0
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		9	9	2
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			1	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	0
--	--	--	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			0
--	--	--	---

4. What was the date of the last training?

		/			/				
--	--	---	--	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	7	5	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

The Village maintains and cleans the streets regularly and cleans storm drains as needed. Buildings and equipment are maintained. Parks and open areas are maintained organically and storm water is retained on sites. When there is an issue we quickly hear about it from residents. Two years ago Village eliminated the practice of placing fall leaves in the street for pickup, requiring residents to bag leaves. This reduced the exposure of leaves entering the storm water system during

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Several Village Officials, from Board members, to public employees constantly monitor this one square mile village. Problems are quickly spotted and action taken.

C. How many times was this observation measured or evaluated in this reporting period?

			5
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village has a \$3 million project under way to restore Scudder's Pond which is a recharge area for the entire Littleworth Lane sub-watershed, one of the largest in the Village. Construction work should begin in October 2013. The Village will continue to monitor storm water, clean and clear storm drains, and, with a new street sweeper, purchased the end of 2009, continue street sweeping operations.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ☒ Yes ☐ No ☐ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ☐ Yes ☒ No ☐ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

 75 %

Estimate what percentage was mapped in this reporting period.

 0 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☒ Yes ☐ No ☐ N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

		0
--	--	---

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☒ No ☐ N/A
- 7b. How many projects have been sited in this reporting period?

		0
--	--	---
- 7c. What percent of the projects included in 7b have been completed in this reporting period?

		0
--	--	---

 %
- 7d. What percent of projects planned in previous years have been completed?

1	0	0
---	---	---

 %
- ☐ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☒ Yes ☐ No ☐ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Inc Village of Sea Cliff

SPDES ID

N	Y	R	2	0	A	0	7	5
---	---	---	---	---	---	---	---	---

9. Has your MS4/Coalition developed and implemented a program of native planting?

☒ Yes ☐ No ☐ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☒ Yes ☐ No ☐ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☒ Yes ☐ No ☐ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☒ No ☐ N/A